

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
						CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51				
2	/						52				
3	/						53				
4	/						54				
5	/						55				
6	/						56				
7	/						57				
8	/						58				
9	/						59				
10	/						60				
11	/						61				
12	/						62				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	7						TOTAL IND.				
TOTAL DEP.	96	↔	↔	↔	↔		TOTAL DEP.				
TOTAL CLAIMS	99						TOTAL CLAIMS				